

Health Care Financing Administration, HHS

§ 441.10

- 441.156 Team developing individual plan of care.
- 441.180 Maintenance of effort: General rule.
- 441.181 Maintenance of effort: Explanation of terms and requirements.
- 441.182 Maintenance of effort: Computation.

Subpart E—Abortions

- 441.200 Basis and purpose.
- 441.201 Definition.
- 441.202 General rule.
- 441.203 Life of the mother would be endangered.
- 441.204—441.205 [Reserved]
- 441.206 Documentation needed by the Medicaid agency.
- 441.207 Drugs and devices and termination of ectopic pregnancies.
- 441.208 Recordkeeping requirements.

Subpart F—Sterilizations

- 441.250 Applicability.
 - 441.251 Definitions.
 - 441.252 State plan requirements.
 - 441.253 Sterilization of a mentally competent individual aged 21 or older.
 - 441.254 Mentally incompetent or institutionalized individuals.
 - 441.255 Sterilization by hysterectomy.
 - 441.256 Additional condition for Federal financial participation (FFP).
 - 441.257 Informed consent.
 - 441.258 Consent form requirements.
 - 441.259 Review of regulations.
- Appendix to Subpart F—Required Consent Form

Subpart G—Home and Community-Based Services: Waiver Requirements

- 441.300 Basis and purpose.
- 441.301 Contents of request for a waiver.
- 441.302 State assurances.
- 441.303 Supporting documentation required.
- 441.304 Duration of a waiver.
- 441.305 Replacement of recipients in approved waiver programs.
- 441.306 Cooperative arrangements with the Maternal and Child Health program.
- 441.307 Notification of a waiver termination.
- 441.308 Hearings procedures for waiver terminations.
- 441.310 Limits on Federal financial participation (FFP).

Subpart H—Home and Community-Based Services: Waivers for Individuals Age 65 or Older: Waiver Requirements

- 441.350 Basis and purpose.
- 441.351 Contents of a request for a waiver.
- 441.352 State assurances.
- 441.353 Supporting documentation required.

- 441.354 Aggregate projected expenditure limit (APEL).
- 441.355 Duration, extension, and amendment of a waiver.
- 441.356 Waiver termination.
- 441.357 Hearing procedures for waiver denials.
- 441.360 Limits on Federal financial participation (FFP).
- 441.365 Periodic evaluation, assessment, and review.

Subpart I—Community Supported Living Arrangements Services

- 441.400 Basis and purpose.
- 441.402 State plan requirements.
- 441.404 Required minimum protections.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45229, Sept. 29, 1978, unless otherwise noted.

§ 441.1 Purpose.

This part sets forth State plan requirements and limits on FFP for specific services defined in part 440 of this subchapter. Standards for payments for services provided in intermediate care facilities and skilled nursing facilities are set forth in part 442 of this subchapter.

Subpart A—General Provisions

§ 441.10 Basis.

This subpart is based on the following sections of the Act which state requirements and limits on the services specified or provide Secretarial authority to prescribe regulations relating to services:

(a) Section 1102 for end-stage renal disease (§ 441.40).

(b) Section 1138(b) for organ procurement organization services (§ 441.13(c)).

(c) Sections 1902(a)(10)(A) and 1905(a)(21) for nurse practitioner services (§ 441.22).

(d) Sections 1902(a)(10)(D) and 1905(a)(7) for home health services (§ 441.15).

(e) Section 1903(i)(1) for organ transplant procedures (§ 441.35).

(f) Section 1903(i)(5) for certain prescribed drugs (§ 441.25).

(g) Section 1903(i)(6) for prohibition (except in emergency situations) of FFP in expenditures for inpatient hospital tests that are not ordered by the

attending physician or other licensed practitioner (§ 441.12).

(h) Section 1905(a)(4)(C) for family planning (§ 441.20).

(i) Sections 1905 (a)(12) and (e) for optometric services (§ 441.30).

(j) Section 1905(a)(17) for nurse-midwife services (§ 441.21).

(k) Section 1905(a) (following (a)(24)) for prohibition of FFP in expenditures for certain services (§ 441.13).

[60 FR 19862, Apr. 21, 1995]

§ 441.11 Continuation of FFP for institutional services.

(a) *Basic conditions for continuation of FFP.* FFP may be continued for up to 30 days after the effective date of termination or expiration of a provider agreement, if the following conditions are met:

(1) The Medicaid payments are for recipients admitted to the facility before the effective date of termination or expiration.

(2) The State agency is making reasonable efforts to transfer those recipients to other facilities or to alternate care.

(b) *When the 30-day period begins.* The 30-day period begins on one of the following:

(1) The effective date of termination of the facility's provider agreement by HCFA;

(2) The effective date of termination of the facility's Medicaid provider agreement by the Medicaid agency on its own volition; or

(3) In the case of an ICF/MR, the later of—

(i) The effective date of termination or nonrenewal of the facility's provider agreement by the Medicaid agency on its own volition; or

(ii) The date of issuance of an administrative hearing decision that upholds the agency's termination or non-renewal action.

(c) *Services for which FFP may be continued.* FFP may be continued for any of the following services, as defined in subpart A of part 440 of this chapter:

(1) Inpatient hospital services.

(2) Inpatient hospital services for individuals age 65 or older in an institution for mental diseases.

(3) Nursing facility services for individuals age 21 or older.

(4) Nursing facility services for individuals age 65 or older in an institution for mental diseases.

(5) Inpatient psychiatric services for individuals under age 21.

(6) Nursing facility services for individuals under 21.

(7) Intermediate care facility services for the mentally retarded.

[59 FR 56234, Nov. 10, 1994]

§ 441.12 Inpatient hospital tests.

Except in an emergency situation (see § 440.170(e)(1) of this chapter for definition), FFP is not available in expenditures for inpatient hospital tests unless the tests are specifically ordered by the attending physician or other licensed practitioner, acting within the scope of practice as defined under State law, who is responsible for the diagnosis or treatment of a particular patient's condition.

[46 FR 48554, Oct. 1, 1981]

§ 441.13 Prohibitions on FFP: Institutionalized individuals.

(a) FFP is not available in expenditures for services for—

(1) Any individual who is in a public institution, as defined in § 435.1009 of this subchapter; or

(2) Any individual who is under age 65 and is in an institution for mental diseases, except an individual who is under age 22 and receiving inpatient psychiatric services under subpart D of this part.

(b) With the exception of active treatment services (as defined in § 483.440(a) of this chapter for residents of ICFs/MR and in § 441.154 for individuals under age 21 receiving inpatient psychiatric services), payments to institutions for the mentally retarded or persons with related conditions and to psychiatric facilities or programs providing inpatient psychiatric services to individuals under age 21 may not include reimbursement for formal educational services or for vocational services. Formal educational services relate to training in traditional academic subjects. Subject matter rather than setting, time of day, or class size determines whether a service is educational. Traditional academic subjects include, but are not limited to,